### Concept Paper Partnerships between AusAID and Australian Universities/Institutes

### 1. The Policy Context

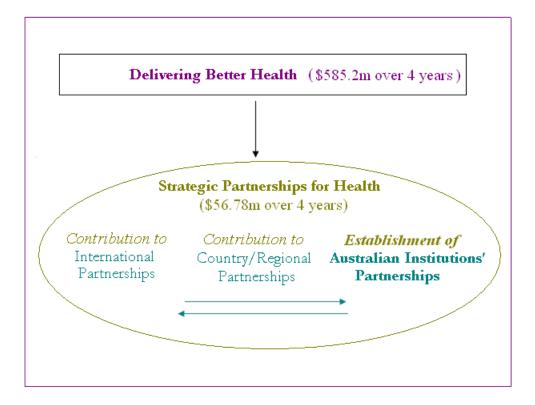
- 1.1 Australian Aid: Promoting Growth and Stability A White Paper on the Australian Government's Overseas Aid Program (2006) sets out the strategic direction for the aid program over the next decade. For the first time the Government also made a large and growing multi-year aid volume commitment demanding a stronger focus on improved effectiveness in its delivery. In pursuit of this enhanced effectiveness agenda, the White Paper identifies partnerships as a key mechanism to more effectively bring to bear the broader resources and expertise available within Australia to the development challenges of the Asia Pacific region. It acknowledges that the aid program can both benefit from and promote this engagement to directly strengthen the effectiveness of Australia's increased aid levels in the region. It also recognizes that such partnerships help build longer-term linkages between Australian and key partner country institutions.
- 1.2 Consistent with the White Paper, *Helping Health Systems Deliver: A Policy for Australian Development Assistance in Health* (2006) sets out the priorities for the Government's development assistance in health. As the title of the policy implies, a key thematic priority of development assistance in health will be to get the health fundamentals right. In a complex sector such as health, improving aid effectiveness and contributing to the achievement of health-related MDGs clearly underscores the necessity for AusAID to work strategically with others.

# 2. Strategic Partnerships for Health Initiative

- 2.1 Following the launch of the health policy for the aid program, in May 2007 the Government, under the *Delivering Better Health Initiative*, announced an additional four year commitment of \$585.2 million to improve health in the Asia Pacific region with particular focus on strengthening health system fundamentals that have an impact on service delivery; address the priority needs of women and children; support country-specific health priorities to address high burden health problems; and ensure systems can reduce regional vulnerability to HIV/AIDS and emerging infectious disease.
- 2.2 To deliver a more effective program across the above priority areas AusAID will need to work in partnership with multiple actors at the domestic, regional/country and global levels. Under the *Delivering Better Health Initiative* a four year allocation of \$56.8 million has been made to form a <u>Strategic Partnerships for Health Initiative</u>. The objective of this Initiative is to contribute to improved health outcomes in the Asia Pacific region by leveraging Australian ideas and technical expertise in public policy and key areas of health administration. This Initiative seeks to contribute to the achievement of several White Paper

principles: working with partners; strengthening performance orientation through evidence base; and gender equality.

2.3 The *Strategic Partnerships for Health Initiative* will comprise three interdependent components, as briefly set out in the diagram below.



# 3. Partnerships with Australian Universities/Institutes

- 3.1 This Concept Paper describes the approach proposed for the <u>Component:</u> <u>Establishment of Partnerships with Australian Institutions.</u> From the above three components this is considered the most critical in assisting to better position AusAID to enhance it technical knowledge base for a scaled up health program and to respond to the demand to deliver more effective outcomes. Under this component AusAID will partner with Australian universities/institutes with
  - (i) demonstrated technical expertise in policy development;
  - (ii) ability to convene multi-disciplinary teams including in those disciplines not normally working in a health development context; and
  - (iii) internationally recognized networks with teaching, research and peak health organizations.

### 4. Objectives of this Component

- 4.1 Develop knowledge hubs around key thematic priorities in health to improve the quality of AusAID's engagement in health policy and programming in the region and to enhance the effectiveness of these investments.
- 4.2 It is envisaged that this component would attract a substantial share of the overall initiative allocation.

### 5. Why create these partnerships?

- 5.1 Recent international health experience<sup>1</sup> shows that partnerships are increasingly the preferred modality to collaborate more effectively to achieve improved health care of those most vulnerable. Importantly, such collaboration is particularly necessary in relation to addressing the systemic bottlenecks at the country level.
- 5.2 By collaborating with Australian universities/Institutes to support the development of specialist knowledge hubs, AusAID will harness and focus technical experts, researchers/practitioners within Australia and within the region to generate knowledge, promote innovation to strengthen the evidence base of its work in the following health thematic priorities: health policy and financing, human resources for health, health information systems and women's and children's health. The profile of the Australian aid program will also be raised as a valued contributor to international thinking and practice in health for development.

### 6. What would AusAID and Institutions bring to the partnership?

- 6.1 Through the partnership approach AusAID and the select university/institute will combine their respective resources to achieve a better outcome than could be achieved individually. AusAID's contribution to these partnerships will include:
  - (a) its extensive knowledge and experience on poverty reduction, development and thematic issues, including health, in developing countries;
  - (b extensive expertise in the management of cooperation programs to improve service delivery, standards and policies across a range of sectors;
  - (c) well established networks and relationships with partner governments, civil society organizations and research and professional associations in partner countries and in Australia; and

<sup>&</sup>lt;sup>1</sup> The launch, on September 5 2007, of the International Health Partnership to accelerate achievement in health related MDGs is most recent example of this new way of joining forces in the health sector.

- (d) financial resources.
- 6.2 Universities/institutes will bring to the partnership:
  - (a) the ability to convene multi-disciplinary teams, including those disciplines not traditionally working in a health development context;
  - (b) internationally recognized expertise and networks with teaching, scientific, research and peak health organizations;
  - (c) policy development expertise relevant to the health thematic priorities; a capacity to integrate research, teaching with practical implementation, including in policy development;
  - (d) knowledge development, management and transfer capabilities; extensive expertise in trialing and evaluating innovative approaches and models; and
  - (e) mandate to develop the next generation of health technical experts, practitioners and public policy decision-makers, both domestically and in the region.

# 7. Expected Outcomes

The work undertaken by each of these knowledge hubs, informed by regular sharing across the thematic priorities, will lead to a number of outcomes, including:

- (a) improved AusAID capacity to contribute to improved effectiveness of the aid program in health. This approach recognizes that strategic collaboration is key to innovation and ability to scale up;
- (b) through the work of these partnerships AusAID consolidates and broadens Australia's leadership, knowledge development, expertise and innovation in priority areas of the health policy;
- (c) the aid program benefits from the convening power of partner universities able to bring together a wide range of relevant stakeholders and perspectives – whether these be from other domestic universities, the private sector, the non-government sector or international developments to generate knowledge and innovative solutions;
- (d) over time, strengthened capabilities to contribute to policy development and health administration in regional universities and institutes as a result of networks, exchanges, professional collaboration and discussion fora on policy issues relevant to the aid program; and

(e) promote the inclusion of evidence based Asia Pacific perspectives in global health development debates.

# 8. Linkages with other AusAID Programs

- 8.1 This component will link closely with and, in some cases, extend other existing AusAID programs including:
  - Complementing and, where appropriate, extending <u>existing bilateral</u> and <u>regional</u> partnerships, principally through knowledge sharing;
  - AusAID's <u>scholarships and leadership awards</u> programs by seeking to better target these to effectively contribute to medium longer term scenario planning for human resources for health;
  - the <u>Health & HIV Research Program</u> by ensuring that knowledge and innovation emerging from research undertaken is translated and shared appropriately in real time to inform AusAID and its partners in the region and globally;
  - the new <u>Health Resource Centre</u> by using its networks to disseminate information, promote knowledge management and minimizing duplication of functions between these two initiatives;
  - the <u>Pacific Malaria Initiative</u> by regular sharing knowledge and lessons; and
  - the <u>AusReady Asia Pacific Emerging Infectious Diseases Facility</u> by regular sharing of knowledge, expertise.

# 9. Engagement with key Asia Pacific academic institutions and public health practitioners

- 9.1 AusAID will be selecting universities/institutes in part on the strength of their existing collaborative arrangements with academic and other institutions in thematic priority areas. Many of these connections have been, and continue to be, supported through aid funds: whether through the various scholarships/fellowships programs, through the PSLP or indeed through consultancies and technical inputs provided by Australian researchers and health practitioners who have subsequently moved into academia.
- 9.2 AusAID wishes to more directly benefit from the richness of these personal, professional and institutional relationships with current and emerging leaders and decision makers including in health in our region. Thus, while the actual partnership is between AusAID and the Australian institution, such joint collaboration provides

a different set of entry points to inform AusAID actions and enhance their effectiveness at the country and regional level.

# 10. What will these partnerships produce?

- 10.1 The content of the work plan to be undertaken under each partnership will be agreed on an annual basis between each university/institute and AusAID. The following are indicative:
  - (a) <u>Strategic Papers</u>: high level, in-depth analyses/diagnostic pieces aimed at informing AusAID/WoG/regional partners' policy development addressing over-the-horizon issues in the relevant thematic priority area;
  - (b) <u>Policy Notes</u>: brief (2-4 pages) providing bite sized analyses to stimulate thinking and draw together an overview of recent events/developments around a particular issue or to highlight upcoming issues within/between these thematic priority areas in particular countries in the region;
  - (c) <u>Outreach/dissemination activities</u>: including seminars, conferences and workshops in Australia/the region to disseminate and discuss findings of analytical work. All partner universities/institutes need to work closely together to maximize dissemination efforts across the various thematic priorities and to minimize risk of "silos" developing;
  - (d) <u>Visitorship Program</u>: for influential Asia Pacific public health officials/policy makers to visit an Australian university/institute/peak organization for a tailored program which included the preparation of a clear output working in collaboration with Australian colleague. Under this element of the program, exposure to associated services/facilities/key contacts in Australia could be included in the program. Gender equality and merit considerations will be addressed in selection process;
  - (e) <u>Fellowship</u>: work closely with AusAID to explore possibilities of linking existing scholarship/leadership programs to target next generation of public health practitioners/decision-makers;
  - (f) <u>In-house seminars series</u>: to be held at AusAID/WoG to discuss current and over-the-horizon issues, as part of more regular engagement with AusAID;
  - (g) <u>Work with AusAID</u> to develop and apply a rigorous process of review and adaptation of partnership approach and its contribution to the effective delivery of improved health outcomes;
  - (g) <u>Participation in quality assurance processes</u> (QAE, QAI, and appraisal work);

- (h) <u>Support Fund</u> to include a range of activities and items (to be jointly agreed) to maximize performance, including:
  - (i) Co-funding for administrative staff to specifically support work of individual partnerships;
  - (ii) Funding to appoint new key personnel to devote themselves to specific aspects of partnership work, including for instance the work to be performed by the Convenor;
  - (iii) Cost of completing and disseminating outputs; and
  - (iv) Travel and per diem costs for Visitorship program recipients.

# 11. Some anticipated outcomes from these partnerships (what might success look like?)

- 11.1 Over the medium to longer term these partnerships will deliver a range of outcomes, including:
  - (a) better informed AusAID staff (and where appropriate in wider WoG context) on thematic priority areas; and greater contestability of ideas through regular debates and discussions of the outcomes of work undertaken;
  - (b) improved knowledge development and dissemination of findings within Australia, in the region and in international fora;
  - (c) AusAID able to play a better informed, more technically credible role in a range of policy dialogue settings both with partner countries and with international partners;
  - (d) over time, evidence base reflected in policy dialogue and program development, including take up of evidence base by partner governments;
  - (e) over time, improved capacity building both in Australia and within regional institutions, government agencies and key regional organizations around public health policy, administration and service delivery issues.

# 12. Partnership management arrangements

- 12.1 These partnerships, subject to appropriate reviews will be for a period of four years. An agreement, embodying a set of principles, will govern the strategic oversight and administrative arrangements of the partnerships between AusAID and universities/institutes. Key principles are:
  - (a) a statement about the shared vision and clear objectives about what is to be achieved and how by the parties through this mechanism;

Concept Paper: Partnerships between AusAID and Australian Universities/Institutes Version 3 – 5/17/2012

- (b) details of the mechanisms for open and effective communication, collaborative decision-making, review and reflection; and
- (c) definition of roles, responsibilities and accountabilities and how to manage disagreements.
- 12.2 The AusAID university/institute relationship will be negotiated, agreed and managed through an annual senior level meeting as well as through more frequent informal interactions with Health & HIV Thematic Group (HHTG) staff.
  - (a) Annual senior level meeting will take place at an appropriate stage in the planning cycle for AusAID and the respective university/institute. Its purpose will be to:
    - identify the strategic directions for the coming year;
    - agree on priorities and activities for the year's program to be documented in the annual plan;
    - review approach, risk management and performance information including of the partnership approach (from year 2 onwards) to identify lessons and adjust the work program accordingly.
  - (b) In addition to (a) above, AusAID will need to take the lead in ensuring that there will be regular formal dialogue between it and all the universities/institutes to share knowledge, lessons and consider ways of improving process and outcomes. A joint meeting between all partners and AusAID will take place once per year, hosted by different universities/institutes for this purpose.
  - (c) Adequate resources need to be allocated to the development and maintenance of a robust M&E framework for each partnership that will feed into/contribute to the overall Strategic Partnerships for Health Initiative.
- 12.3 AusAID, in consultation with institutional partners, will convene a High Level Group, consisting of AusAID, partner university/institute/independent other to provide strategic guidance on the overall implementation of this activity.
- 12.4 Overall Initiative (financial) management responsibility will rest with the HHTG.

# **13.** Performance Issues

13.1 As AusAID seeks to work in a more collaborative way through a partnership approach, an intrinsic element of the partnership agreement will be to identify and document the tool(s) for measuring and monitoring how the partnership mechanism itself is performing and contributing (or not) to the achievement of agreed outcomes

at the same time as measuring and monitoring the development and delivery of the agreed activities themselves. In other words: what are the intrinsic benefits accruing from a set of activities being delivered through a partnership model? As with other essential aspects of the partnership, the performance management aspect needs to be jointly developed and agreed. The AusAID Quality at Entry and Quality at Implementation ratings would be shared with partners to ensure consistency and agreement on the tools used.

- 13.2 AusAID will need to ensure that strong synergies are established and maintained between the activities performed by each partner to maximize the knowledge and potential benefits for health systems as a whole.
- 13.3 To maintain credibility in this process, AusAID will need to be an active, accountable partner and actively foster opportunities to reflect on and learn from its own practice.

### 14. Key Risks

141 Some ko	u mialza and uu	va to minimiza/manag	a thaga are gat ou	t in table below
14.1 Some Ke	y fisks and we	iys to minimize/manage	e mese are ser ou	t in table below.

Risk	Level	Actions	AusAID	Partner Institution
Modality: too ambitious, lacks clarity of purpose and how to achieve it	Medium <b>⊃</b> High	Allocate adequate resources, provide strong leadership AusAID/institutions to jointly develop/agree outcomes and M&E mechanisms, including strong review, reflection and adaptation processes; develop indicators to capture the value added by the partnership modality Evidence of mechanisms for sharing lessons and working collaboratively	~	V
Developmental benefits not achieved		Over time, demonstrate evidence of knowledge transfer and application to policy development process		
Potential development of "silos" between various partnerships	Medium	All parties to agree to work collaboratively by putting in place mechanisms to regularly come together to share knowledge both about technical issues and about how the partnership modality is facilitating knowledge generation, lesson sharing and knowledge transfer High Level Group to provide strategic guidance and direction	~	✓ 
Poor implementation arrangements between partnership and other relevant	Medium	AusAID (HHTG) to lead coordination effort vis-à-vis program areas using all available information sharing mechanisms	V	V

Concept Paper: Partnerships between AusAID and Australian Universities/Institutes Version 3 – 5/17/2012

programs		Partner institution to better link teaching, research and other relevant programs to maximize impact of thematic priority		
Risk that work performed by individual partners not strategic/forward looking enough	Medium	High Level Group to provide strategic guidance and direction AusAID/institution leadership required in setting the agenda/identifying priority issues to ensure we get what we need	✓	✓